

# Hopes and Dreams...

DATE: \_\_\_\_\_

1. What is your most critical need that brings you in for emergency services?
  
2. Is this your first visit to Brighton Center?  Yes  No (If Yes move to question 3)
  - A. If No, did you accomplish your last goal?  Yes  No (If Yes move to question 3)
  - B. If No, what were the barriers, stop signs, or obstacles keeping you from achieving it?
  
3. What are your **hopes and dreams** for you and your family?
  
4. What is a **goal** to help you achieve your hopes and dreams?
  
5. What's **holding you back** from achieving your goal? (ex. Transportation, childcare, felony, fear, etc.)
  
6. Who in your life is a **cheerleader** that can help you achieve your goal? (ex. family member, church, AA)



PLEASE WAIT TO FILL OUT WITH A RESOURCE ADVOCATE



❖ What two steps can you take in the next *30 days* to help you reach your bigger goal?

- 1.
- 2.

Customer: \_\_\_\_\_  
(print)

\_\_\_\_\_ (signature)

Date: \_\_\_\_\_

Resource Advocate: \_\_\_\_\_  
(initial)

Date: \_\_\_\_\_

